

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BD

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS FOR HOFFMAN

2007 NOV - 1 AM 8:54

IMPORTANT: Indicate by # type of committee you are reporting for: 6

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

BRENT HOFFMAN

Political Party (if applicable)

Non-Partisan

Office Sought

MAYOR

District (if Senate or House)

N/A

FORM
DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

Logged In

Scanned

Computer

Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Brent Hoffman
SIGNATURE OF PERSON FILING REPORT

(712) 251-5344
TELEPHONE

Oct 27th, 2007
DATE SIGNED

I AM FILING A Oct 27th ^{10 DAYS PRIOR} TO REGULAR REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

Nov 6th, 2007

County & Local Committees, enter County in
which Election is held

WOODBURY

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 116.93

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

12,115.00

Schedule F: Loans Received total (Attach Schedule F)

-0-

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

12,231.93

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

7,742.28

Schedule F: Loan Repayments total (Attach Schedule F)

4,000.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

489.65

**UNPAID BILLS (From Schedule D - Attach Schedule D)

-0-

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

-0-

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

-0-

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ -0-

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)



| | |
|--|--------------------------|
| SCHEDULE | MONETARY RECEIPTS |
| A (Rev. 07/03) | |
| <input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM | |

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS FOR HOFFMAN

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

| DATE RECEIVED (MM/DD/YY) | PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE* (if applicable) | AMOUNT RECEIVED | ✓ IF FOR FUND-RAISER INCOME |
|---------------------------------------|--|--|--|-----------------|-----------------------------|
| 10/01/07 | ID# CK# | Irving Givot 1101 36th St Sioux City, IA 51102 | | \$ 10. | <input type="checkbox"/> |
| 10/01/07 | ID# CK# | Mr. & Mrs. Charles Daniel Wise 213 Mesa Dr Gatesville, TX 76528 | | 250. | <input type="checkbox"/> |
| 10/01/07 | ID# CK# | Laura Hill 3260 Viking Dr Sioux City, IA 51104 | | 25. | <input type="checkbox"/> |
| 10/01/07 | ID# CK# | Dr. Greg Hoversten 4705 Stone Park Blvd Sioux City, IA 51103 | | 500. | <input type="checkbox"/> |
| 10/01/07 | ID# CK# | Rich Waller 6th + Pierce St Sioux City, IA 51101 | | 100. | <input type="checkbox"/> |
| 10/01/07 | ID# CK# | Kathy Wise 1825 Washington Ave Waco, TX 76701 | | 500. | <input type="checkbox"/> |
| 10/01/07 | ID# CK# | Larry Book 6350 Golfview Pl Sioux City, IA 51106 | | 100. | <input type="checkbox"/> |
| 10/04/07 | ID# CK# | Timothy Moran, MD 2001 Hamilton Blvd, Ste D Sioux City, IA 51104 | | 300. | <input type="checkbox"/> |
| 10/04/07 | ID# CK# | Norma Azema 16 Deer Haven Dr Sioux City, IA 51104 | | 100. | <input type="checkbox"/> |
| 10/04/07 | ID# CK# | Christine Gramlich 760 Toness Way Fort Walton Beach, FL 32547 | | 50. | <input type="checkbox"/> |
| SUB-TOTAL | | | | \$ 1,935 | |
| TOTAL (If last page of this schedule) | | | | \$ — | |

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

| | | |
|--|--|--------------------------|
| SCHEDULE | | MONETARY RECEIPTS |
| A (Rev. 07/03) | | |
| <input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM | | |

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS FOR HOFFMAN

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| DATE RECEIVED (MM/DD/YY) | PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE* (if applicable) | AMOUNT RECEIVED | ✓ IF FOR FUND- RAISER INCOME |
|---------------------------------------|---|---|--|--------------------|---------------------------------------|
| 10/01/07 | ID# CK# | John Alvey 4315 Perry Way Sioux City, IA 51104 | | \$ 25. | <input type="checkbox"/> |
| 10/01/07 | ID# CK# | Regina Roth 984 Quail Hollow Cir Dakota Dunes, SD 57049 | | 1,000. | <input type="checkbox"/> |
| 10/05/07 | ID# CK# | Caran McKee 905 Douglass Dr McLean, VA 22101 | | 25. | <input type="checkbox"/> |
| 10/05/07 | ID# CK# | Dwayne Alons 1314 7th St Hull, IA 51231 | FFB | 50. | <input type="checkbox"/> |
| 10/05/07 | ID# CK# | John Mayner 3832 Nebraska St Sioux City, IA 51104 | FFB | 75. | <input type="checkbox"/> |
| 10/05/07 | ID# CK# | Mark Jensen P.O. Box 325 Sioux City, IA 51102 | FFB | 100. | <input type="checkbox"/> |
| 10/05/07 | ID# CK# | Jerry Johnson 3918 Sylvian Way Sioux City, IA 51104 | | 400. | <input type="checkbox"/> |
| 10/08/07 | ID# CK# | Jolynn Handel 3919 Sylvian Ave Sioux City, IA 51104 | | 200. | <input type="checkbox"/> |
| 10/08/07 | ID# CK# | Ron Stein 3314 Brandywine Rd Mason City, IA 50401 | Father-in-law | 200. | <input type="checkbox"/> |
| 10/08/07 | ID# CK# | Reinhold Hoffmann 1902 Jackson St Sioux City, IA 51104 | Father | 250 | <input type="checkbox"/> |
| SUB-TOTAL | | | | \$ 2,075. | |
| TOTAL (If last page of this schedule) | | | | \$ — | |

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Page 2 of 6
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

| | |
|---|----------------------|
| SCHEDULE A (Rev. 07/03) | MONETARY RECEIPTS |
| <input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM | |

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS FOR HOFFMAN

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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| DATE RECEIVED (MM/DD/YY) | PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE* (if applicable) | AMOUNT RECEIVED | ✓ IF FOR FUND-RAISER INCOME |
|---------------------------------------|--|---|--|-----------------|-----------------------------|
| 10/10/07 | ID# CK# | Wava Farley 2645 S. Cedelia St Sioux City, IA 51106 | | \$ 50. | <input type="checkbox"/> |
| 10/10/07 | ID# CK# | Doris Ung 4825 Bradford Ln Sioux City, IA 51106 | | 500. | <input type="checkbox"/> |
| 10/10/07 | ID# CK# | Leonard Gill 124 Monona Blvd Jackson, NE 68743 | | 500. | <input type="checkbox"/> |
| 10/11/07 | ID# CK# | Jim Carlin 43 Arlington Rd Sioux City, IA 51106 | | 250. | <input type="checkbox"/> |
| 10/11/07 | ID# CK# | Gina Noll P.O. Box 7255 Des Moines, IA 50309 | | 50. | <input type="checkbox"/> |
| 10/15/07 | ID# CK# | Ritch LeGrand 29 W Kings Hwy Sioux City, IA 51104 | | 200. | <input type="checkbox"/> |
| 10/15/07 | ID# CK# | Jennifer Hoffmann P.O. Box 985 Angel Fire, NM 87710 | Sister-in-law | 500. | <input type="checkbox"/> |
| 10/16/07 | ID# CK# | Stanley Navrud Sr 4343 Old LaKeport Rd Sioux City, IA 51106 | | 1000. | <input type="checkbox"/> |
| 10/16/07 | ID# CK# | Cynthia Rehan 6106 Four Seasons Dr Sioux City, IA 51106 | | 50. | <input type="checkbox"/> |
| 10/19/07 | ID# CK# | G.R. (Bob) Butcher P.O. Box 431 Sioux City, IA 51102 | | 150. | <input type="checkbox"/> |
| SUB-TOTAL | | | | \$ 3250 | |
| TOTAL (If last page of this schedule) | | | | \$ — | |

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

| | |
|--|--------------------------|
| SCHEDULE A (Rev. 07/03) | MONETARY RECEIPTS |
| <input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM | |

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS FOR HOFFMAN

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| DATE RECEIVED (MM/DD/YR) | PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE* (if applicable) | AMOUNT RECEIVED | ✓ IF FOR FUND-RAISER INCOME |
|---------------------------------------|--|---|--|-----------------|-----------------------------|
| 10/19/07 | ID# CK# | Drew F. Vogel 106 Martin Dr NE Orange City, IA 51041 | | \$ 50. | <input type="checkbox"/> |
| 10/19/07 | ID# CK# | Douglas E. Palmer 6 ReB Fox Run Sioux City, IA 51104 | | 200. | <input type="checkbox"/> |
| 10/19/07 | ID# CK# | Kenneth Casey 3524 Pawnee Pl Sioux City, IA 51104 | | 100. | <input type="checkbox"/> |
| 10/19/07 | ID# CK# | William R. Anderson II 3017 Nordic Ct Sioux City, IA 51104 | | 50. | <input type="checkbox"/> |
| 10/19/07 | ID# CK# | Robert Paul Barnes 3141 Norman Dr Sioux City, IA 51104 | | 50. | <input type="checkbox"/> |
| 10/19/07 | ID# CK# | James H. Warner 4350 Far Hills Rd Sioux City, IA 51104 | | 100. | <input type="checkbox"/> |
| 10/23/07 | ID# CK# | Avery Brothers (Partnership) 2420 Correctionville Rd Sioux City, IA 51106 | | 250. | <input type="checkbox"/> |
| 10/23/07 | ID# CK# | James Jones 3115 S. Cypress St Sioux City, IA 51106 | | 15. | <input type="checkbox"/> |
| 10/23/07 | ID# CK# | K.G. Skip Penley 524 Pelletier Dr Sioux City, IA 51104 | | 250. | <input type="checkbox"/> |
| 10/23/07 | ID# CK# | R. Waller 6th + Pierce St Sioux City, IA 51101 | | 200. | <input type="checkbox"/> |
| SUB-TOTAL | | | | \$ 1,265. | |
| TOTAL (If last page of this schedule) | | | | \$ — | |

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Page 4 of 6
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

| | |
|---|----------------------|
| SCHEDULE A (Rev. 07/03) | MONETARY RECEIPTS |
| <input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM | |

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS FOR HOFFMAN

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|--------------------------|--|--|--|-----------------|-----------------------------|
| 10/23/07 | ID# CK# | Brian Kennedy 6227 Eagle Ridge Rd Belen, IA 52722 | | \$ 200. | <input type="checkbox"/> |
| 10/23/07 | ID# CK# | Shirley Patrick 3526 Strawberry Ln Sioux City, IA 51104 | | 50. | <input type="checkbox"/> |
| 10/23/07 | ID# CK# | Joseph B. Mercer 906 Shannon Dr Jefferson, SD 57038 | | 40. | <input type="checkbox"/> |
| 10/23/07 | ID# CK# | Richard Salem P.O. Box 111 Sioux City, IA 51102 | | 100. | <input type="checkbox"/> |
| 10/23/07 | ID# CK# | Mary Ellen Silverberg 26 W. 45th St Sioux City, IA 51104 | | 50. | <input type="checkbox"/> |
| 10/23/07 | ID# CK# | Elbert Stockton 3334 Transit Ave Sioux City, IA 51106 | | 200. | <input type="checkbox"/> |
| 10/23/07 | ID# CK# | Reinhold Hoffmann 1902 Jackson St Sioux City, IA 51104 | | 250. | <input type="checkbox"/> |
| 10/25/07 | ID# CK# | Sheryl Leonard 1362 Hwy 59 Holstein, IA 51025 | | 100. | <input type="checkbox"/> |
| 10/26/07 | ID# CK# | Jacob Bossman 2417 S. St Aubin St Sioux City, IA 51106 | | 50. | <input type="checkbox"/> |
| 10/26/07 | ID# CK# | Debi Durham 3834 Country Club Blvd Sioux City, IA 51104 | | 100. | <input type="checkbox"/> |

SUB-TOTAL

\$ 1,140.

TOTAL (If last page of this schedule)

\$ —

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Page 5 of 6
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

| | |
|--|--------------------------|
| SCHEDULE A (Rev. 07/03) | MONETARY RECEIPTS |
| <input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM | |

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS FOR HOFFMAN

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|-----------------------------|---|--|--|--------------------|---------------------------------------|
| 10/26/07 | ID# CK# | Cory Crowley 1135 Elm St Marion, IA 52302 | | \$ 50. | <input type="checkbox"/> |
| 10/26/07 | ID# CK# | Lewis Weinberg 3905 Country Club Blvd Sioux City, IA 51104 | | 500. | <input type="checkbox"/> |
| 10/26/07 | ID# CK# | Vince Farrer 607 Virginia #108 Sioux City, IA 51101 | | 100. | <input type="checkbox"/> |
| 10/26/07 | ID# CK# | David Young 617 7th St SW Washington D.C. 20024 | | 250. | <input type="checkbox"/> |
| 10/26/07 | ID# CK# | Rita Grimm 4214 Country Club Blvd Sioux City, IA 51104 | | 200. | <input type="checkbox"/> |
| 10/26/07 | ID# CK# | John Donaker 4128 230th St George, IA 51237 | | 250. | <input type="checkbox"/> |
| 10/26/07 | ID# CK# | Cy Chesterman 4700 S. Lewis Blvd Sioux City, IA 51106 | | 200. | <input type="checkbox"/> |
| 10/26/07 | ID# CK# | Kent Lucken 65 Fellsmere Rd Newton, MA 02459 | | 1,000. | <input type="checkbox"/> |
| | ID# CK# | LAST ITEM | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |

SUB-TOTAL

\$ 2,550

TOTAL (If last page of this schedule)

\$ 12,115

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Page 6 of 6
(for Schedule A)

**EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

| | |
|---|--|
| SCHEDULE B (Rev. 07/03) | MONETARY EXPENDITURES |
| <input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM | |

COMMITTEE NAME (Must be same as on Statement of Organization)
CITIZENS FOR HOFFMAN

| DATE EXPENDED (MM/DD/YR) | CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE | PURPOSE (DESCRIBE TRANSACTION) | AMOUNT EXPENDED |
|---------------------------------------|---|--|-----------------------------------|--------------------|
| 10/01/07 | ID# CK# | FeEx Kinko's 1801 Hamilton Blvd Sioux City, IA 51103 | Fax | \$ 9.50 |
| 10/08/07 | ID# CK# | Cyber Stouland 3922 Elm Dale Blvd Sioux City, IA 51103 | Website | 120. |
| 10/02/07 | ID# CK# | Woodbury County 620 Douglas St Sioux City, IA 51101 | Database | 5. |
| 10/12/07 | ID# CK# | Woodbury County 620 Douglas St Sioux City, IA 51101 | Database | 5. |
| 10/16/07 | ID# CK# | USPS Northside Station Sioux City, IA 51104 | Postage | 410. |
| 10/14/07 | ID# CK# | Mail House Inc. P.O. Box 1105 Sioux City, IA 51102 | Addressing + Postage | 1,028.19 |
| 10/19/07 | ID# CK# | Tractor Supply Sign Stakes 1121 Zenith Dr Sioux City 51102 | Sign Stakes | 205.44 |
| 10/21/07 | ID# CK# | Hy-Vee 2627 Pierce St Sioux City, IA 51104 | Stamps | 164.00 |
| SUB-TOTAL | | | | \$ 1,947.13 |
| TOTAL (if last page of this schedule) | | | | \$ — |

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

| | |
|---|--------------------------|
| SCHEDULE B (Rev. 07/03) | MONETARY EXPENDITURES |
| <input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM | |

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS FOR HOFFMAN

| DATE EXPENDED (MM/DD/YR) | CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE | PURPOSE (DESCRIBE TRANSACTION) | AMOUNT EXPENDED |
|---------------------------------------|---|--|-----------------------------------|--------------------|
| 10/26/07 | ID# CK# | KTIV-4 3135 Floyd Blvd Sioux City, IA 51108 | Abs | \$ 2,120.75 |
| 10/26/07 | ID# CK# | Cable-One 1119 4th St, Suite 21B Sioux City, IA 51101 | Abs | 1,536. |
| 10/26/07 | ID# CK# | Studio B P.O. Box 157 S. Sioux City, NE 68776 | Postcards | 663.40 |
| 10/26/07 | ID# CK# | Creative Media Solutions P.O. Box 484 Sioux City, IA 51102 | Production (Abs) | 1475. |
| | ID# | | | |
| | CK# | LAST ITEM | | |
| | ID# | | | |
| | CK# | | | |
| | ID# | | | |
| | CK# | | | |
| | ID# | | | |
| | CK# | | | |
| SUB-TOTAL | | | | \$ 5,795.15 |
| TOTAL (If last page of this schedule) | | | | \$ 7,742.28 |

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Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

COMMITTEE NAME (Must be same as on Statement of Organization)
CITIZENS FOR HOFFMAN

SCHEDULE
F
(Rev. 07/03)

LOANS
RECEIVED
& REPAYED

☐ CHECK THIS BOX IF
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 4,000.00

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

| DATE RECEIVED (MM/DD/YR) | NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) | RELATIONSHIP TO CANDIDATE* (If Applicable) | AMOUNT OF LOAN |
|--------------------------|---|--|----------------|
| | | | \$ |
| | | | |
| | | | |
| | | | |

TOTAL (PART I) \$

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

| DATE PAID (MM/DD/YR) | NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) | RELATIONSHIP TO CANDIDATE* (If Applicable) | AMOUNT REPAYED |
|----------------------|---|--|----------------|
| 10/26/07 | BRENT HOFFMAN 3905 Sylvan Ave Sioux City, IA 51104 | Candidate | \$ 4,000. |
| | | | |
| | | | |
| | | | |

TOTAL CASH REPAYMENTS (PART II) \$ 4,000.
From Schedule E -- TOTAL LOANS FORGIVEN \$ -
TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ -0-

*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.